

(TUE) FEB 5 2008 17:02/ST. 17:01/NO. 7500000892 P 1

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Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Pechanga Band of Luiseno Indians			Date of This Filing 02/05/2008	Date Stamp FEB 05 2008	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (909) 676-2768	I.D. NUMBER (if applicable) 498071		Report No. LCM-80205	in the office of the Secretary of State of the State of California	
STREET ADDRESS			No. of Pages 2		
CITY Temecula	STATE CA	ZIP CODE 92593	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		

RECEIVED AND FILED
DEBRA BOWEN
Secretary of State

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/05/2008 1	Coalition to Protect California's Budget & Economy Sacramento CA 95814 ID: 1300585 Ref: <input type="checkbox"/>	Statewide 94 95 96 97 Ballot: Dist:	1667.00	
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		

Reason for Amendment: _____